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	9 2009 FORM (tobe used for all correspondence after initial filing)		irst Named Inventor	Naoyuki Ochi 1794			
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	Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/	Pet Pro Pot Cha	wing(s) ensing-related Papers ition ition to Convert to a visional Application ver of Attorney, Revocation ange of Correspondence A minal Disclaimer quest for Refund , Number of CD(s)  Landscape Table on CD	Address		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):	
	Incomplete Application Reply to Missing Parts					•	

under 37 CFR 1.52 or 1.53

Kevin S. Lemack

Nields, Lemack & Frame, LLC

Firm Name

Signature

Printed name

CERTIFICATE OF TRANSMISSION/MAILING

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Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **7**4 10/555,898 **Application Number** FEE TRANSMITTA December 23, 2005 Filing Date <del>jul **0 9** 2009</del> For FY 2009 Naoyuki Ochi First Named Inventor **Examiner Name** Hon, Sow Fun Applicant claims small entity status. See 37 CFR 1.27 ADMAP Art Unit 1794 TOTAL AMOUNT OF PAYMENT 130.00 Attorney Docket No. 441P099 METHOD OF PAYMENT (check all that apply) None Other (please identify): Check Credit Card Money Order Deposit Account Name: Nields, Lemack& Frame, LLC Deposit Account Deposit Account Number: 14-0930 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES Small Entity Small Entity** Small Entity Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 220 540 110 330 270 Utility 165 140 70 220 100 50 Design 110 220 330 165 170 85 110 Plant 540 270 650 325 Reissue 330 165 0 220 0 0 0 Provisional 110 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 52 26 Each claim over 20 (including Reissues) 110 220 Each independent claim over 3 (including Reissues) 390 195 Multiple dependent claims Multiple Dependent Claims **Extra Claims** Fee Paid (\$) **Total Claims** Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Extra Sheets Total Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$130.00 Other (e.g., late filing surcharge): One month extension fee SUBMITTED BY Registration No. 32,579 Telephone 508-898-1818 Signature (Attorney/Agent) Date July 6, 2009 Name (Print/Type) Kevin S. Lemack

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